

BFPC Staff Annual Evaluation

Agency/Clinic Name: _____ BFPC Name: _____ BFPC Supervisor: _____

**** This form is due annually by April 20th.**

**** Once BFPC/Supervisor have signed, scan the document and email, along with the 2nd quarterly BFPC report, to kara.watts@ks.gov.**

This evaluation is to supplement any formal evaluation process the LA has for employees. **The purpose of this tool is to further facilitate open communication between the BFPC and BFPC Supervisor regarding specific BFPC position duties and expectations.**

Rating Scale: **ES** = Exceeds Standards: performance consistently exceeds expectations. **M** = Meets Standards: performance consistently meets expectations. **N** = Needs Improvement: Performance did not meet expectations. **N/A** = Not Applicable: Task not relevant to specific employee.

Performance measures	Rating	Comments (if any)
Supports WIC participants who are breastfeeding.		
Serves as a breastfeeding resource to WIC participants who have questions about breastfeeding.		
Treats each participant with respect and courtesy.		
Keeps all information confidential.		
Effectively communicates with participants through phone, text, mail, and social media.		
Effectively communicates with participants in face to face interactions.		
Contacts all assigned participants according to scheduled intervals defined in contact guidelines.		
Attends scheduled meetings.		
Refers participants to Breastfeeding Expert when appropriate.		

Assists with breastfeeding promotion and awareness throughout the community.		
Arrives to work as scheduled and on time.		
Dresses appropriately.		
Effectively uses computer system.		
Performs other duties as assigned.		
Works well with other WIC staff.		
Overall performance		

Breastfeeding Counseling	Rating	Comments (if any)
Asks open-ended questions		
Prioritizes topics to discuss based on client input		
Information provided is accurate and culturally appropriate		
Finds opportunities to praise client		
Uses visual aids as appropriate		
Gives handouts as appropriate		
Group/Class Facilitation (if applicable)	Rating	Comments (if any)
Room is organized prior to session		
Equipment, handouts, visual aids ready prior to session		
Starts session on time		
Introduces self/greets participants		
Explains topic/purpose/importance of lesson		
Gives accurate information		
Visual aids/activities-reinforce main points		
Easy to hear and comprehend		
Nonverbal signs (“mm”, eye contact)		
involves participants in discussion		
Addresses participants concerns		
Evaluates participants understanding		
Summarizes and signals end of session		
Discusses BFPC Program		

AREAS OF EXCELLENCE:
AREAS FOR ATTENTION:
AREAS FOR REQUIRED ACTION (if applicable):
BFPC EMPLOYEE COMMENTS AFTER REVIEW OF EVALUATION:

Peer Counselor's Signature: _____ Date: _____

Peer Counselor Supervisor's Signature: _____ Date: _____